### A Message from FINCA International on 2021 Form 990 Statement

FINCA International, the U.S. parent of the global FINCA network, is a tax-exempt charity that files Form 990 each year with the U.S. Internal Revenue Service (IRS).

As FINCA's mission is carried out through a business model of locally incorporated entities to meet foreign regulatory requirements, the revenues and expenses reported on FINCA's Form 990 do not reflect the size, capacity or growth of FINCA's global operations. Although FINCA maintains ownership and control of these separately incorporated entities, Form 990 does not allow consolidation of these entities. Form 990 only requires reporting on programs and services conducted directly by FINCA International. For this reason, FINCA International encourages you to review its consolidated financial statements for a complete picture of FINCA's programs and investments.

FINCA's 2021 Form 990 shows a loss in program service revenue, which warrants an explanation. To mitigate the unprecedented impact the global pandemic had on clients served by FINCA Impact Finance, their leadership continued to extend loan terms for clients and, in some instances, were required to provide forbearance to clients. These factors resulted in negative program service revenue of (\$16,977,704) as FINCA International's share of the loss based on an equity method. FINCA International bears no cash flow impact of legal obligations for such loss.

	** PUBLIC I	DISCLOSURE COPY **	
	EXTENDED TO	NOVEMBER 15, 2022	
രററ	Return of Organizatio	on Exempt From Income Tax	OMB No. 1545-0047
Form <b>990</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)		
Department of the Treasury		umbers on this form as it may be made public. ) for instructions and the latest information.	Open to Public Inspection
A For the 2021 calend	dar year, or tax year beginning	and ending	
B Check if applicable: C Name of organization		D Employer identificat	ion number

aj	opiicabi				
	Addre	FINCA INTERNATIONAL, INC.			
	Name chang			13-3240109	
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number			
	Final			(202) 682-151	the second s
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,410,722.
	Amen	WASHINGTON DC 20005	H(a) Is this a group ret	All second se	
	Applic tion	F Name and address of principal officer: Not BKT W. Scott BHD		for subordinates?	Yes X No
-	pendir	SAME AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a lis	st. See instructions
		te: NWW.FINCA.ORG		H(c) Group exemption	number 🕨
		forganization; 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🍉	L Year	of formation: 1984 M	State of legal domicile: NY
Pa	rtl				
	1	Briefly describe the organization's mission or most significant activities: ALLEVI	ATE POVER	TY BY HELPING	
nce	Į.,	PEOPLE BUILD ASSETS, CREATE JOBS AND RAISE THEIR STANDARD OF	LIVING.		
Governance	2	Check this box 🕨 🥅 if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	37
vitie	6	Total number of volunteers (estimate if necessary)	6	15	
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
٩,	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		76	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		17,180,175.	19,987,198.
Revenue	9	Program service revenue (Part VIII, line 2g)		-1,329,694.	-16,997,704.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		215,874.	310,330.
62	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		438,275.	550,322.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,504,630.	3,850,146.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·····	0.	0.
- 1	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1222CL2122	8,331,303.	9,092,273.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		566,898.	486,464.
xpe		Total fundraising expenses (Part IX, column (D), line 25)			
ú		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,787,846.	12,170,284.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,686,047.	21,749,021.	
	19	Revenue less expenses. Subtract line 18 from line 12	-7,181,417.	-17,898,875.	
10 Sol			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		220,542,017.	204,181,104.
It As		Total liabilities (Part X, line 26)		56,618,537.	52,574,953.
Ne		Net assets or fund balances. Subtract line 21 from line 20		163,923,480.	151,606,151.
Pa	IT II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature profilieer KUO-WEI WANG, VICE PRESIDENT OF I Type or print name and title	FINANCE	Date 723/2022
Paid	Print/Type preparer's name JOHN W. SADOFF, JR.	Prepared's signature Sadoff. h.	Date Check PTIN 9/20/2022 if self-employed 200540589
Preparer	Firm's name 🕟 DELOITTE TAX LLP		Firm's EIN 👞 86–1065772
Use Only	Firm's address 🔊 695 TOWN CENTER DRIVE, S	SUITE 1000	
	COSTA MESA, CA 92626		Phone no. (714) 436-7100
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. (Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or				Taxpayer identification number (TIN)		
print	FINCA INTERNATIONAL, INC.					9
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1201 15TH STREET NW, 8TH FLOOR	ee instruct	ions.			
return. See instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20005	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Applicati	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990	) or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
Form 990	D-T (corporation)	07				
<ul> <li>If this</li> <li>box</li> <li>1</li> <li>I re</li> <li>the</li> <li></li> </ul>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit ( 	Group Exe and atta NOVEMBE anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>R 15, 2022</u> , to file return for: d ending	f this is fo all membe	r the whole group ers the extension npt organization r	is for.
b If the second	lance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). See	, enter any ayment all yment with instructio	refundable credits and owed as a credit. n this form, if required, by ns.	3a 3b 3c	\$ \$ \$ d Form 8879.TE f	0. 0. 0.
c Ba usi Caution:	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	990 (2021) FINCA INTERNATIONAL, INC.	13-3240109	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	PROMOTE THE ECONOMIC AND SOCIAL WELL BEING OF LOW-INCOME INDIVIDUALS,		
	FAMILIES AND GROUPS THROUGHOUT THE WORLD PROVIDING FINANCIAL		
	ASSISTANCE, LOANS, SAVINGS ACCUMULATION, AND OTHER OPPORTUNITIES AND		
	ASSISTANCE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es 🛛 No
Ŭ	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	20
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, the total expenses,	, anu
40	(Code:) (Expenses \$358,551. including grants of \$) (Revenue	-31	851 974 \
4a	FINCA IMPACT FINANCE:	s <u> </u>	) ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
	NEARLY 1.7 BILLION ADULTS AROUND THE WORLD REMAIN FINANCIALLY EXCLUDED		
	WITHOUT ACCESS TO USEFUL AND AFFORDABLE FINANCIAL PRODUCTS AND SERVICES		
	DELIVERED IN A RESPONSIBLE AND SUSTAINABLE WAY. THE PREDOMINANT GROUP		
	AMONG THE FINANCIALLY EXCLUDED IS COMPRISED BY UNEMPLOYED OR LOW-INCOME		
	INDIVIDUALS GIVEN THE HIGH COSTS ASSOCIATED WITH TRADITIONAL BANKING.		
	FOR FINCA INTERNATIONAL, THE ADVANCEMENT OF FINANCIAL INCLUSION IS OF		
	PIVOTAL IMPORTANCE CONSIDERING THAT ACCESS TO BASIC FINANCIAL SERVICES		
	CAN BRIDGE THE ECONOMIC GAP BETWEEN THE HAVES AND HAVE-NOTS.		
	FURTHERMORE, IT CAN FOSTER ECONOMIC SUSTAINABILITY AND SELF-RELIANCE		
	AMONG THE UNDERPRIVILEGED POPULATION. FINCA INTERNATIONAL FIRMLY		
4b	(Code:) (Expenses \$1,675,990. including grants of \$) (Revenue	\$	0.)
	FINCA PLUS:		
	FOR OVER 30 YEARS, FINCA HAS DEMONSTRATED THAT ACCESS TO RESPONSIBLE		
	FINANCE IS AN IMPORTANT TOOL FOR STRENGTHENING THE ECONOMIC SECURITY OF		
	POOR AND LOW-INCOME FAMILIES. AT THE SAME TIME, FINCA HAS REALIZED THAT		
	IT IS ESSENTIAL THAT ACCESS TO FINANCE CAN BE USED ON NON-FINANCIAL		
	GOODS, SUCH AS CLEAN ENERGY PRODUCTS, WHICH ARE CRITICAL FOR IMPROVING		
	A FAMILY'S HEALTH, WELLBEING AND INCREASING PRODUCTIVITY.		
	FINCA PLUS LLC (D.B.A. IN UGANDA AS BRIGHTLIFE) IS A SOCIAL ENTERPRISE		
	CREATED BY FINCA WHICH PAIRS ACCESS TO FINANCE WITH ACCESS TO ENERGY TO		
	UNLOCK PRODUCTIVITY AND WELLBEING FOR THE POOR. BRIGHTLIFE PROVIDES		
4c	(Code:) (Expenses \$387,661. including grants of \$) (Revenue	\$	290,830.)
	FINCA VENTURES:	· •	,
	FINCA VENTURES INVESTS IN EARLY-STAGE COMPANIES THAT OFFER AFFORDABLE,		
	HIGH-QUALITY AND LIFE-ENHANCING PRODUCTS AND SERVICES. AT PRESENT,		
	FINCA VENTURES HAS INVESTMENTS IN HEALTH, FINTECH, AGRICULTURE,		
	LIVELIHOODS, ENERGY, EDUCATION, WATER AND SANITATION. FINCA VENTURES		
	PORTFOLIO COMPANIES DIRECTLY CONTRIBUTE TO 14 OF THE 17 SDGS.		
	COMPLEMENTING OUR EFFORT TO ALIGN IMPACT GOALS TO THE SDGS, FINCA		
	VENTURES ASSESSES PORTFOLIO COMPANIES ACROSS THREE DIMENSIONS OF IMPACT		
	WHICH ARE SCALE, DEPTH AND THE TARGET POVERTY LEVEL OF END-CUSTOMERS.		
	SCALE AND DEPTH OF IMPACT HAVE INHERENT TRADEOFFS. KEEPING THESE		
	TRADEOFFS IN MIND, FINCA VENTURES SUPPORTS PORTFOLIO COMPANIES ACROSS		
4d			
	(Expenses \$ 15,112,284. including grants of \$ ) (Revenue \$ 1	4,563,440.)	
4e	Total program service expenses 17,534,486.		

Form 990 (2021)

FINCA INTERNATIONAL, INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•		1	x	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
-		<u> </u>		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		- 23
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 <b>2</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
U U		12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148	21	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		x	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
<u> </u>	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021)

Form	990	(2021)
	330	(2021)

FINCA INTERNATIONAL, INC.

Pa	rt IV	Checklist of Required Schedules (continued)			
				Yes	No
22	Did th	e organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part I	X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	2	x
23		e organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization			
		ormer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," compl			
		dule J	2	3 X	
24a		e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000	) as of the		
		ay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and com			
		dule K. If "No," go to line 25a	24	a	x
b		e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	b	
с	Did th	e organization maintain an escrow account other than a refunding escrow at any time during the year to d	efease		
	any ta	ax-exempt bonds?		с	
d	Did th	e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	d	
25a	Secti	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transa	action with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	а	x
b		organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye			
	that th	he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," co	mplete		
	Scheo	dule L, Part I	25	b	х
26	Did th	ne organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or for	mer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	contro	olled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	2	6	X
27	Did th	ne organization provide a grant or other assistance to any current or former officer, director, trustee, key en	nployee,		
	creato	or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35	% controlled		
	entity	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L	., Part III 2	7	X
28	Was t	he organization a party to a business transaction with one of the following parties (see the Schedule L, Pa	rt IV,		
	instru	ctions for applicable filing thresholds, conditions, and exceptions):			
а	A curi	rent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes,'	" complete Schedule L, Part IV		а	X
b	A fam	ily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		b X	
С	A 35%	6 controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	,	" complete Schedule L, Part IV			X
29		ne organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>y</b> X	
30		ne organization receive contributions of art, historical treasures, or other similar assets, or qualified conserv			
	contri	butions? If "Yes," complete Schedule M	<u>3</u>		X
31		ne organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Par	t I <u>3</u>	1	X
32		ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
		dule N, Part II	<u>3</u>	2	
33		e organization own 100% of an entity disregarded as separate from the organization under Regulations			
		ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		3 X	
34		he organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV			
~-		/, line 1			
		ne organization have a controlled entity within the meaning of section 512(b)(13)?		a ^	
b		s" to line 35a, did the organization receive any payment from or engage in any transaction with a controller			
~~		the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		b X	
36		on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related of			x
07		s," complete Schedule R, Part V, line 2		<b>)</b>	
37		ne organization conduct more than 5% of its activities through an entity that is not a related organization		-	x
~~		nat is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		/	
38		e organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19		a x	
Pa		All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	3		1
. u					X
		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	
10	Entor	the number reported in box 3 of Form 1096. Enter -0- if not applicable	30	Tes	
		the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable \_\_\_\_\_\_ 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2021) FINCA INTERNATIONAL, INC. 13-324010	9	Р	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			0		
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х			
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
<i>.</i>	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

	990 (2021) FINCA INTERNATIONAL, INC. 13-32401		Р	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	_		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KUO-WEI WANG - (202) 682-1510			
	1201 15TH ST, NW, 8TH FLOOR, WASHINGTON, DC 20005		000	
132006	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021)

Form 990 (2	2021) FINCA	INTERNATIONAL,	INC.	13-3240109	Page 7
Part VII	Compensation of Off	icers, Directors	, Trustees, Key Empl	oyees, Highest Compensated	
	Employees, and Inde	pendent Contra	ctors		
	Check if Schedule O contai	ns a response or not	e to any line in this Part VII		
Section A.	Officers, Directors, Trust	ees, Key Employees	s, and Highest Compensat	ed Employees	
1a Comple	te this table for all persons r	equired to be listed.	Report compensation for the	e calendar year ending with or within the organization's ta	ax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		voldu	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RUPERT SCOFIELD	40.00		_	0	-					
PRESIDENT & CEO	10.00	х		х				380,973.	0.	62,548.
(2) COLLEEN ZAKREWSKY	40.00									
SVP, DEVELOP & EXT RELATIONS	0.00				х			239,730.	0.	29,475.
(3) OMER IMTIAZUDDIN	40.00									
MANAGING DIRECTOR - FINCA VENTURES	0.00					x		228,700.	0.	3,521.
(4) DREW BOSHELL	40.00									
EXECUTIVE DIRECTOR AFFILIATE	0.00					x		188,976.	0.	21,096.
(5) STEFAN GRUNDMANN	40.00									
CHIEF OPERATING OFFICER	0.00					X		169,480.	0.	22,914.
(6) SCOTT GRAHAM	40.00									
VP OF CUSTOMER RESEARCH	0.00					X		165,311.	0.	27,079.
(7) ROBERT PRICE	40.00									
SENIOR DIRECTOR - DIRECT MARKETING	0.00					x		131,150.	0.	49,741.
(8) KUO-WEI WANG	40.00									
VP OF FINANCE (BEG. 01/21)	0.00			х				161,823.	0.	13,989.
(9) JULIE HOUSER	30.00									
DIRECTOR (BEG. 12/21)	0.00	х						49,038.	0.	35,120.
(10) JOHN HATCH	5.00									
DIRECTOR	0.00	х						72,943.	0.	0.
(11) AGRINA MUSSA	5.00									_
DIRECTOR	0.00	х						0.	0.	0.
(12) AVANTHI SHAH	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) CATHERINE MOHR	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) CHANDRESH HARJIVAN	5.00									0
DIRECTOR	0.00	Х						0.	0.	0.
(15) CHARLES TREVAIL	5.00									0
DIRECTOR	0.00	Х				-		0.	0.	0.
(16) DANIEL GREEN	5.00	v							<u>^</u>	
DIRECTOR (17) DANIELA MIELKE	0.00	Х						0.	0.	0.
(17) DANIELA MIELKE DIRECTOR	0.00	x						0.	0.	n
DIVECTOR	0.00	Δ						U.	υ.	0.

Form 990 (2021) FINCA INTERNA	TIONAL, IN	c.							13-324	4010	9	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B) (C)						(D)	(E)			(F)		
Name and title	Average	(do		Pos heck		<b>ا</b> than o	ne	Reportable Reportable			Es	timate	эd
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensatior	ר	an	nount	of
	week		cer ar		Irecto	or/trust	ee)	from	from related			other	
	(list any hours for	recto						the	organizations			pensa	
	related	e or di	ee			sated		organization	(W-2/1099-MIS	C/		om th	
	organizations	rustee	trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		u v	anizat d relat	
	below	dual ti	itiona		nploy	st cor yee	-	1000 NEO)				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				e.ge		0.110
(18) DAVID WEISMAN	5.00	_	-	-	-								
DIRECTOR	5.00	х						0.		٥.			0.
(19) JAMES SEMAKADDE	5.00												
DIRECTOR	0.00	х						0.		٥.			0.
(20) JOHN ELKINS	5.00												
DIRECTOR	5.00	х						0.		٥.			Ο.
(21) JORDAN GREENAWAY	5.00												
DIRECTOR	0.00	х						0.		٥.			Ο.
(22) RICHARD WILLIAMSON	5.00												
DIRECTOR	5.00	х						0.		Ο.			0.
(23) ROBERT HATCH	5.00												
CHAIRMAN	5.00	Х						0.		٥.	<u> </u>		0.
(24) SHAWN HASSEL	5.00												
DIRECTOR	5.00	Х						0.		0.	<u> </u>		0.
											<u> </u>		
1b Subtotal								1,788,124.		0.		265	483.
c Total from continuation sheets to Part VII								0.			0. 0.		
								1,788,124.		0.	0. 265,483.		
2 Total number of individuals (including but no							o re	, ,	000 of reportable	I			
compensation from the organization		000	noco	u un		,	510						16
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	kev e	empl	love	e, or	hiq	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual			·	-						3		x
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	s tł	nat received more than \$	100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)		~	(C		
Name and business	address							Description of s	ervices	0	compe	nsatio	n
INTEGRATED DIRECT MARKETING, 1250									0.4077-0.1		2	402	225
CONNECTICUT AVENUE NW #700, WASHINGTO	-						-	ADVERTISING AND PR			3	483,	335.
NAMES IN THE NEWS, 180 GRAND AVENUE SUITE DIRECT MAIL LIST RENTAL AND										222	200		
1365, OAKLAND, CA 94612 EXCHANGE BRO 332,309.									309.				
DELOITTE AND TOUCHE LLP, 7900 TYSONS ONE PLACE SUITE 800 MCLEAN VA 22102 AUDIT AND TAX SERVICES										290	370.		
PLACE SUITE 800, MCLEAN, VA 22102 AUDIT AND TAX SERVICES									,				
FINCA MICROFINANCE GLOBAL SERVICES LLC,         1201 15TH STREET NW, 8TH FLOOR,         SUPPORT AND IT SERVICES								272	497.				
SOFTCHOICE CORPORATION, 7900 WESTPARE	٢						-					,	
DRIVE SUITE T400, MCLEAN, VA 22102								IT AND SOFTWARE SO	LUTIONS			153.	230.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	se list	_					,	
\$100,000 of compensation from the organiz						8							

art	t VII									-
		Check if Schedule O	conta	ains a respo	nse	or note to any line		(B)	(C)	
							<b>(A)</b> Total revenue	(P) Related or exempt		(D) Revenue exclud
							Total revenue	function revenue	business revenue	from tax unde
										sections 512 -
and Other Similar Amounts		Federated campaigns								
nou		Membership dues								
An		Fundraising events								
ilar		Related organizations				850,855.				
Sim		Government grants (cont				030,033.				
er	T	All other contributions, gifts,				19,136,343.				
ð		similar amounts not include Noncash contributions included ir				649,490.				
pu	-	Total. Add lines 1a-1f		-			19,987,198.			
0		Total. Add intes faith				Business Code				
	2 a	BRANCH REVENUE-KOS	ovo			900099	14,245,024.	14,245,024.		
	z a b	FINCA VENTURES INTI				900099	290,830.	290,830.		
nue	c	MANAGEMENT FEES				900099	203,745.	203,745.		
eve	d	OTHER PROGRAM SERV	ICES			900099	114,671.	, 114,671.		
Revenue	e					522298	-31,851,974.	-31,851,974.		
	-	All other program service	reve	nue			· ·			
		Total. Add lines 2a-2f					-16,997,704.			
	3	Investment income (inclu								
		other similar amounts)				▶	310,330.			310,3
	4	Income from investment								
	5	Royalties	<u></u>			►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	713,7	59.					
	b	Less: rental expenses	6b	1,041,1	79.					
	С	Rental income or (loss)	6c	-327,4	20.					
	d	Net rental income or (loss	s)			►	-327,420.			-327,4
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses								
		Gain or (loss)	7c							
		Net gain or (loss)				▶				
	8 a	Gross income from fundrais								
<b>/</b>		including \$								
		contributions reported or		-	0					
	h	Part IV, line 18			8a 8b					
		Net income or (loss) from								
		Gross income from gami								
	Ju	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
1		Gross sales of inventory,			<u> </u>					
		and allowances			10a	1,397,139.				
	b	Less: cost of goods sold			10k					
		Net income or (loss) from					877,742.			877,7
						Business Code				
Revenue	11 a									
<b>nu</b>	b									
eve	с									
<b>~</b>	Ь	All other revenue			_					
	u									

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#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 544,260. 800,033. trustees, and key employees 87,028 168,745. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and 49,038. 33,360. 5,335. 10,343. persons described in section 4958(c)(3)(B) 5,697,361. 517,119. Other salaries and wages 6,481,178. 266,698. 7 8 Pension plan accruals and contributions (include 13,618 26,405. section 401(k) and 403(b) employer contributions) 125,189 85,166, 1,360,724 981,909, 311,266, 67,549. Other employee benefits 9 30,036 276,111. 187,837. 58,238. 10 Payroll taxes 11 Fees for services (nonemployees): 585,677 585,677. Management а 89,133. 82,356, 1,891, 4,886. Legal b 281,330. 185,912, 26,624 68,794. С Accounting Lobbying d 486,464. 486,464. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,967,600 1,568,818. 247,007 151,775. column (A), amount, list line 11g expenses on Sch 0.) 478,223, 439,154, 21,464 17,605. Advertising and promotion 12 2,688,581 1,498,875. 1,126,402. 63,304. Office expenses 13 161,099, 161,099, Information technology 14 319,203. 319,203. 15 Royalties 547,596 484,487. 16,108 47,001. 16 Occupancy 124,417, 104,106, 3,528, 16,783. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 2,164,638, 2,154,768, 6,662 3,208. 20 Interest Payments to affiliates 21 751,431 686,674, 43,711 21,046. Depreciation, depletion, and amortization ..... 22 165,206. 119,576. 30,800 14,830. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROVISION FOR LOAN LOSS 610,514. 610,514, а LICENSE AND SUBSCRIPTIO 595,902, 386,283. 73,938 135,681. h DIRECT COSTS-KOSOVO 290.074. 290.074. С 192,796. MOTOR VEHICLE EXPENSE 192,796. d 156,864, 134,221, 1,894 20,749. All other expenses е 2,314,010 21,749,021, 17,534,486. 1,900,525. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

FINCA	INTERNATIONAL,	INC.

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		Check if Schedule O contains a response or note	e to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		13,293,395.	1	14,582,315.	
	2	Savings and temporary cash investments	1,105,778.	2	945,452.		
	3	Pledges and grants receivable, net			3,695,056.	3	2,480,694.
	4	Accounts receivable, net			1,727,479.	4	3,144,681.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			59,903,698.	7	65,099,416.
Assets	8	Inventories for sale or use			856,179.	8	887,895.
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,544,813.			
	b	Less: accumulated depreciation	10b	1,391,675.	1,333,976.	10c	1,153,138.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1	132,659,028.	13	111,002,659.		
	14	Intangible assets	52,548.	14	146,514.		
	15	Other assets. See Part IV, line 11		5,914,880.	15	4,738,340.	
	16	Total assets. Add lines 1 through 15 (must equa			220,542,017.	16	204,181,104.
	17	Accounts payable and accrued expenses			2,823,234.	17	2,965,825.
	18	Grants payable				18	
	19	Deferred revenue	103,272.	19	215,817.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate	ted thi	d parties	43,178,006.	23	40,347,025.
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			10,514,025.		9,046,286.
	26	Total liabilities. Add lines 17 through 25			56,618,537.	26	52,574,953.
		Organizations that follow FASB ASC 958, chee	ck her				
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			162,353,210.	27	150,025,087.
Ba	28				1,570,270.	28	1,581,064.
pur		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 📃			
г. Г		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31	
Net	32	Total net assets or fund balances			163,923,480.	32	151,606,151.
_	33				220,542,017.	33	204,181,104.

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

Form	990 (2021) FINCA INTERNATIONAL, INC.	13-3240	109	Pa	<sub>ae</sub> 12			
	rt XI Reconciliation of Net Assets				90			
	Check if Schedule O contains a response or note to any line in this Part XI				X			
	· · · · ·							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,850,	146.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	,749,	021.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	163	,923,	480.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		-1,	779.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5	,583,	325.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	151	,606,	151.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public

Inspection

Nar	ne of t	the organization							identification number				
			INTERNATIONAL,						13-3240109				
Pa	art I	Reason for Public (	Sharity Status.	(All organizations must c	omplete th	nis part.) S	see instructions	S.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)( <sup>-</sup>	1)(A)(i).						
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	ו 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(i	ii).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C		<b>°</b>		, ,							
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)						
7	X		-					e general r	ublic described in				
'													
0		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	$\square$	•			-	ad in aanii	upotion with a	land aront					
9		An agricultural research org											
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of i	ine college	or				
		university:											
10		An organization that norma											
		activities related to its exem		-					-				
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> c	r section	509(a)(2).	See section 5	6 <b>09(a)(3).</b> (	Check the box on				
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
a	ı 🗌	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustee	s of the su	ipporting				
		organization. You must c	complete Part IV, Se	ections A and B.									
k	<b>)</b>	<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	ported				
		organization(s). You mus											
c	:	Type III functionally inte			in connect	tion with.	and functionall	v integrate	d with.				
-		its supported organization	• • • •					,	,				
c	4 <b>–</b>	Type III non-functionally		•			-	ed organiz	ration(s)				
	•	that is not functionally int						-					
		requirement (see instructi			•		-	anattentiv	01033				
			,	•									
e	,	Check this box if the orga					Type I, Type I	і, туре ш					
		functionally integrated, or											
1		er the number of supported o	•										
<u> </u>		vide the following information i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization	(,	(described on lines 1-10	in your governi		support (see in	-	support (see instructions)				
		5		above (see instructions))	Yes	No		,	, , ,				
Tot	al												

FINCA INTERNATIONAL, INC.

13-3240109

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	19,051,488.	16,676,131.	20,080,711.	17,180,175.	19,987,198.	92,975,703.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	19,051,488.	16,676,131.	20,080,711.	17,180,175.	19,987,198.	92,975,703.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						3,426,177.			
6	Public support. Subtract line 5 from line 4.						89,549,526.			
	ction B. Total Support						, - ,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	19,051,488.	16,676,131.	20,080,711.	17,180,175.	19,987,198.	92,975,703.			
	Gross income from interest,	, , , .	, , -	, , -	, , -	, , , .	, , , -			
Ŭ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	8,912,868.	3,860,797.	928,068.	964,717.	1,024,089.	15,690,539.			
9	Net income from unrelated business		-,,	,	,	_,,,	,,			
9	activities, whether or not the									
		0.	0.	Ο.	0.	0.				
10	business is regularly carried on	<u>.</u>	••		••	••				
10	Other income. Do not include gain									
	or loss from the sale of capital	7 539 963	12 026 377	17 521 136	-631 423	-16,119,962.	20 336 091			
	assets (Explain in Part VI.)	1,335,503.	12,026,377.	17,521,150.	051,425.	10,119,902.	129,002,333.			
	Total support. Add lines 7 through 10		```			40	129,002,333.			
	Gross receipts from related activities,	•	,							
13	First 5 years. If the Form 990 is for th									
80	organization, check this box and stor				<u></u>	<u></u>				
	ction C. Computation of Publi			- (6)			69.42 %			
	Public support percentage for 2021 (I					14				
	Public support percentage from 2020					15	/0			
168	33 1/3% support test - 2021. If the c									
	stop here. The organization qualifies		-							
C	<b>33 1/3% support test - 2020.</b> If the c	-								
4-	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances test	-								
	and if the organization meets the fact			•	•	VI now the organiz				
	meets the facts-and-circumstances te	•	•	<b>,</b>	•					
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets th						. —			
	organization meets the facts-and-circu									
18										

Schedule A (Form 990) 2021

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(4) = 0 + 1	(2) 2010	(0) = 0 + 0			(1) 1 0 100
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
_	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (I		•	column (f))		15	%
-	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	<b>33 1/3% support tests - 2021.</b> If the						ne 17 is not
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the						►□
~	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	5		,				

1

2

3a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Part IV	Supporting Orga	nizations	(continued)
Schedule A	(Form 990) 2021	FINCA	INTERNATIONAL

Yes

2

No

			1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

INC

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	d. or controlled the supporting organization.	
Section C. T	ype II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control or managed

 1
 Image: the support of the sup

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

Yes No

	dule A (Form 990) 2021 FINCA INTERNATIONAL, INC.	a Oraca:	zationa	13-3240109 Pag
	T V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

_	dule A (Form 990) 2021 FINCA INTERNATIONAL		nizotione		L3-3240109 Pa
	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	inizations <sub>(contine</sub>	<u>led)</u>	Ourse and Maran
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	or purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization		2	
4	Amounts paid to acquire exempt-use assets	es of supported organization	5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotoils in Part VI)		5	
	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 FINCA INTERNATIONAL, INC.	13-3240109	Page <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Sectic t V, Section B, line 1e; F	
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
INCA KOSOVO BRANCH INCOME		
2017 AMOUNT: \$ 7,539,963.		
018 AMOUNT: \$ 11,756,927.		
2019 AMOUNT: \$ 12,370,031.		
2020 AMOUNT: \$ 12,001,232.		
2021 AMOUNT: \$ 14,245,024.		
'I MANAGEMENT FEES NET EQUITY METHOD ADJ		
2018 AMOUNT: \$ 136,297.		
2019 AMOUNT: \$ 185,105.		
2020 AMOUNT: \$ 258,788.		
2021 AMOUNT: \$ 203,745.		

FI OTHER INCOME

2018 AMOUNT: \$ 86,606.

2019 AMOUNT: \$ 94,735.

2020 AMOUNT: \$ 88,568.

2021 AMOUNT: \$ 114,671.

FINCA PLUS OTHER INCOME 2018 AMOUNT: \$ 525. 2019 AMOUNT: \$ -510. 2020 AMOUNT: \$ 5,394. 2021 AMOUNT: \$ 0.

FINCA PLUS SALES NET OF COGS

Schedule A (Form 990) 2021 FINCA INTERNATIONAL, INC.	13-3240109	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a d Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	n C, art V,
(See instructions.)		
2018 AMOUNT: \$ 46,022.		
2019 AMOUNT: \$ 589,970.		
2020 AMOUNT: \$ 692,877.		
2021 AMOUNT: \$ 877,742.		
FMH PROGRAM INCOME		
2019 AMOUNT: \$ 4,233,879.		
2020 AMOUNT: \$ -13,725,249.		
2021 AMOUNT: \$ -31,851,974.		
FINCA VENTURES INCOME		
2019 AMOUNT: \$ 47,926.		
2020 AMOUNT: \$ 46,967.		
2021 AMOUNT: \$ 290,830.		

# Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

FINCA IN	TERNATIONAL,	INC
----------	--------------	-----

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$  **b** \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
FINCA IN	TERNATIONAL, INC.		13-3240109
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
1		\$1,062,	218.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
2		\$439,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
3		\$400,	000.       Person       X         Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
FINCA IN	TERNATIONAL, INC.		13-3240109
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

Schedule B (Form 990) (2021)

Schedule	B (Form	990)	(2021)
00110000	- (	,	()

Name of or	rganization			Employer identification number
INCA IN	TERNATIONAL, INC.			13-3240109
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional s	through <b>(e) and</b> the following line e charitable, etc., contributions of <b>\$1,000 c</b>	entry For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g		
-	Transferee's name, address, ar			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of g nd ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	Transferee's name, address, ar	(e) Transfer of g nd ZIP + 4		ansferor to transferee
(a) Na			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee

		Supplemente	L Eineneiel	Statement	•		OMB N	lo. 154	5-0047
(Forr	<b>HEDULE D</b> n 990)	Supplementa ► Complete if the orga Part IV, line 6, 7, 8, 9, 10,	anization answered 11a, 11b, 11c, 11c	l "Yes" on Form 990 I, 11e, 11f, 12a, or 1	),		2	02	?1
	Department of the Treasury nternal Revenue Service  Go to www.irs.gov/Form990 for instructions and the latest information.				nation.			en to r ectio	Public n
Nam	Name of the organization FINCA INTERNATIONAL INC.				Emplo	<b>oyer identific</b> 13-3240		number	
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Othe	er Similar Funds	or Aco	count			
		n answered "Yes" on Form 990, Part IV, line							
			(a) Donor ad	dvised funds	(t	) Funds	s and other ac	ccoun	ts
1	Total number at e	nd of year							
2		of contributions to (during year)							
3	Aggregate value o	of grants from (during year)							
4	Aggregate value a	t end of year							
5	Did the organization	on inform all donors and donor advisors in v	vriting that the asse	ts held in donor advi	sed funds	5			
	are the organization	on's property, subject to the organization's e	exclusive legal conti	ol?			Ye	S	No No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing the	at grant funds can be	e used on	ly			
	for charitable purp	ooses and not for the benefit of the donor or				•	_		_
De	impermissible priv						Ye	S	No No
Pa		ation Easements. Complete if the org			Part IV, I	ine 7.			
1		servation easements held by the organizatio	· ·						
		n of land for public use (for example, recreat	tion or education)	Preservation o		,		area	
		of natural habitat		Preservation of	of a certifi	ed histo	oric structure		
•		n of open space		atuila, tian in the form					last
2	day of the tax yea	through 2d if the organization held a qualifi r	led conservation col	ntribution in the form	or a con		leid at the End		
•					ŀ			or the	
-		onservation easements				2a 2b			
b c	•	ricted by conservation easements				20 2c			
		vation easements included in (c) acquired a				20			
u		nal Register				2d			
3		vation easements modified, transferred, rele					iring the tax		
-	year ►		sacca, changalonca	,	e ergani				
4	-	where property subject to conservation eas	ement is located						
5		tion have a written policy regarding the peri		pection, handling of	•				
	violations, and en	forcement of the conservation easements it	holds?	· · · · · · · · · · · · · · · · · · ·			🗌 Ye	s	No No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, I						ne yea	ır
	▶								
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, an	d enforcing conserva	ation ease	ements	during the ye	ar	
	►\$								
8		vation easement reported on line 2(d) above	•						
		)(4)(B)(ii)?					Ye	S	No No
9		be how the organization reports conservation							
		d include, if applicable, the text of the footn	ote to the organizat	ion's financial statem	ents that	t descrit	oes the		
De		counting for conservation easements.	Art Historias		ther Ci	milor	Acceta		
Pa		ations Maintaining Collections of	•	rieasures, of O		i iliar i	455815.		
		f the organization answered "Yes" on Form			a .a al J= - I		ata.ul		
та	•	elected, as permitted under FASB ASC 958	•						
		easures, or other similar assets held for pub	,			be of pu	DIIC		
۲.	· •	Part XIII the text of the footnote to its finan				choct	orks of		
a	-	elected, as permitted under FASB ASC 958 sures, or other similar assets held for public							
		ing amounts relating to these items:	cambraon, educatio	in, or research in lun	nerance				
	PIONAC LIG IOIOW	ing amounto rolating to those items.							

	(i) Revenue included on Form 990, Part VIII, line 1		\$_	
	(ii) Assets included in Form 990, Part X		\$_	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 FINCA INTER	NATIONAL, INC.				13-	-3240	109	Pa	age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	easures, or	Other S	imilar As	sets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	make signi	ficant use o	f its			
	collection items (check all that apply):		, <b>,</b>	Ũ	Ũ					
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	e		nange pregra						
c	Preservation for future generations	C C								
1	Provide a description of the organization's co	lloctions and ovalair	how thoy further the	o organizatio	a'e oxompt	nurnoso in	Dart V			
5	During the year, did the organization solicit or						IaitA			
5	to be sold to raise funds rather than to be ma				Similar as	5015		Yes		No
Par					Voc" on Eo	rm 000 Dor	+ IV lir			
	reported an amount on Form 990, Par		ete il the organizatio	on answered		nn 990, Fai	,	18 9, 01		
10			ion for contribution	o or other acc	oto not incl	udod				
Ia	Is the organization an agent, trustee, custodia							Vee		1
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					Amount		
								Amount		
	Beginning balance									
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo				-		. 📖	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Par	t V Endowment Funds. Complete if						<u> </u>			
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years	back	(e) Four y	/ears l	Dack
1a	Beginning of year balance	857,082.								
b	Contributions	14,728.	828,405.							
С	Net investment earnings, gains, and losses	35,920.	28,677.							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	907,730.	857,082.							
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	)) held as:						
а	Board designated or quasi-endowment	.0000	%							
b	Permanent endowment  100	%	—							
	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.								
3a	Are there endowment funds not in the posses		ation that are held a	nd administere	ed for the o	rganization				
	by:	C C				•			<b>Y</b> es	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered		), Part IV, line 11a. S	See Form 990,	Part X, line	e 10.				
	Description of property	(a) Cost or o		t or other		umulated		( <b>d)</b> Book	value	
	Description of property	basis (investr	• •	(other)	.,	ciation	'	(a) Book	value	
19	Land	`	,	· · · /						
	Land						1			
	Buildings		1	,859,582.	1	,279,420.	+		580,1	162
	Leasehold improvements			685,231.	1	<u>,275,420.</u> 112,255.	-		572,9	
	Equipment			505,251.		,	-	-	, 14, 2	
	Other							1 1	52 1	130
Iota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part .	<u>X. column (B), line 1</u>	0c.)		····· •	1		.53,1	
						Sche	dule <b>i</b>	D (Form	990)	2021

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) DOOK value	(c) Method of Valdation. Cost of end-	oryear market value
Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(F) (G)			
(H)			
(r) <b>Fotal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" ( (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value	Inc. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-	of year market value
	. ,		orgean market value
(1) INVESTMENT IN PARTNERSHIP AND SUBS	105,667,637.	COST	
(2) INVESTMENT IN LLC	5,335,022.	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	111 000 050		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	111,002,659.		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11d See Form 990 Part X line 15	
-	Description		(b) Book value
	Decemption		
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(8) (9)	215)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	•	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability			<b>(b)</b> Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) IFRS 16 LEASE OBLIGATION			6,043,778
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) IFRS 16 LEASE OBLIGATION (3) DEFERRED PENSION OBLIGATION			6,043,778
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes (2) IFRS 16 LEASE OBLIGATION (3) DEFERRED PENSION OBLIGATION (4)			6,043,778
<ul> <li>(8)</li> <li>(9)</li> <li>[otal. (Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability</li> <li>(1) Federal income taxes</li> <li>(2) IFRS 16 LEASE OBLIGATION</li> <li>(3) DEFERRED PENSION OBLIGATION</li> <li>(4)</li> <li>(5)</li> </ul>			6,043,778
<ul> <li>(8)</li> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Part X Other Liabilities.</li> <li>Complete if the organization answered "Yes"</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) IFRS 16 LEASE OBLIGATION</li> <li>(3) DEFERRED PENSION OBLIGATION</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>			6,043,778
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) IFRS 16 LEASE OBLIGATION (3) DEFERRED PENSION OBLIGATION (4) (5) (6) (7)			( <b>b)</b> Book value 6 , 043 , 778 3 , 002 , 508
<ul> <li>(8)</li> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Part X Other Liabilities.</li> <li>Complete if the organization answered "Yes"</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) IFRS 16 LEASE OBLIGATION</li> <li>(3) DEFERRED PENSION OBLIGATION</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>			6,043,778

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 FINCA INTERNATIONAL, INC.		13-3240109 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS WERE ESTABLISHED TO KEEP THE PRINCIPAL INTACT SO IT

CAN GROW OVER TIME, BUT ALLOW THE ORGANIZATION TO USE THE INVESTMENT

INCOME FOR PROGRAMS OR OPERATIONS OR PURPOSES SPECIFIED BY THE DONOR(S)

TO THE ENDOWMENT.

PART X, LINE 2:

FINCA INTERNATIONAL, INC. ISSUES CONSOLIDATED FINANCIAL STATEMENTS ON

BEHALF OF ITSELF AND ITS AFFILIATES. THE INCOME TAX FOOTNOTE AND FIN48

DISCLOSURE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS REFLECTS TAX

RELATED ITEMS FOR ALL ENTITIES INCLUDED IN THE CONSOLIDATED FINANCIAL

STATEMENTS (INCLUDING BOTH TAX EXEMPT AND FOR-PROFIT ENTITIES).

#### Part XIII Supplemental Information (continued)

FINCA IS EXEMPT FROM TAXES ON INCOME, EXCEPT UNRELATED BUSINESS TAXABLE

INCOME, AS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE UNITED

STATES INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX REGULATIONS OF

THE DISTRICT OF COLUMBIA. ACCORDINGLY, NO PROVISION IS MADE FOR FEDERAL

INCOME TAXES IN THE CONSOLIDATED FINANCIAL STATEMENTS.

THE MOVEMENTS IN DEFERRED TAX ASSETS AND LIABILITIES (THE BALANCES ARE

OFFSET WITHIN THE SAME JURISDICTION AS PERMITTED BY IAS 12, INCOME TAXES,

AND SHOWN ON A NET BASIS BY SUBSIDIARIES), DETAILS OF THE DEFERRED TAX

LIABILITY, AMOUNTS CHARGED OR CREDITED DIRECTLY TO PROFIT OR LOSS DURING

THE PERIOD, AND AMOUNTS CHARGED OR CREDITED DIRECTLY TO EQUITY DURING THE

PERIOD.

IN 2021, FINCA RECORDED \$1.3 MILLION OF INCOME TAX EXPENSE ON \$9.6 MILLION

OF TEMPORARY DIFFERENCES ASSOCIATED WITH FINCA'S INVESTMENTS IN

SUBSIDIARIES BECAUSE IT WAS PROBABLE THAT THE TEMPORARY DIFFERENCES

ASSOCIATED WITH THE DISTRIBUTION OF RETAINED EARNINGS THROUGH PAYMENTS OF

DIVIDENDS WILL REVERSE IN THE FORESEEABLE FUTURE. THE TEMPORARY

DIFFERENCES OF \$9.63 MILLION INCLUDED \$10.6 MILLION OF EXPECTED

DISTRIBUTIONS OF RETAINED EARNINGS FROM 2021 AND \$(0.97) MILLION FOR A

DECREASE OF EXPECTED DISTRIBUTIONS OF RETAINED EARNINGS FROM PRIOR YEARS.

IN 2020, FINCA RECORDED \$0.7 MILLION OF INCOME TAX EXPENSE ON \$4.6 MILLION

OF TEMPORARY DIFFERENCES ASSOCIATED WITH FINCA'S INVESTMENTS IN

SUBSIDIARIES BECAUSE IT WAS PROBABLE THAT THE TEMPORARY DIFFERENCES

ASSOCIATED WITH THE DISTRIBUTION OF RETAINED EARNINGS THROUGH PAYMENTS OF

DIVIDENDS WILL REVERSE IN THE FORESEEABLE FUTURE. THE TEMPORARY

Part XIII Supplemental Information (continued)

DIFFERENCES OF \$4.6 MILLION INCLUDED \$7.4 MILLION OF EXPECTED

DISTRIBUTIONS OF RETAINED EARNINGS FROM 2020 AND \$(2.8) MILLION FOR A

DECREASE OF EXPECTED DISTRIBUTIONS OF RETAINED EARNINGS FROM PRIOR YEARS.

THE DEFERRED TAX LIABILITY RELATED TO THE FUTURE DISTRIBUTIONS OF EARNINGS

BY SUBSIDIARIES IS \$1.5 MILLION AND \$1.2 MILLION AS OF DECEMBER 31, 2021

AND 2020, RESPECTIVELY.

DEFERRED TAX ASSETS AND LIABILITIES WERE ADJUSTED AS OF JANUARY 1, 2018 AS

PER IFRS 9. ALL ADJUSTMENTS RESULTED IN CHANGES TO EQUITY.

	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in the region	expenditures for and investments in the region
SUB-SAHARAN AFRICA	16	201	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	267,322
EUROPE (INCLUDING ICELAND & GREENLAND)	31	263	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	7,602,311
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	176,967
	0	0	FROGRAM SERVICES		170,507
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	9,012
<b>3 a</b> Subtotal	47	464			8,055,612
b Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	47	464			8,055,612

	F0111 990, I	-ait iv, iiie 140.				
1	For grantmakers.	Does the organization	maintain records to	substantiate the amo	ount of its grants and	other assistance,

(b) Number of

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

(a) Region

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes .....L

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

(c) Number of (d) Activities conducted in the region

3	Activities per Region.	The following Part I, line 3 table can be duplicated if additional space is needed.)

FINCA	INTERNATIONAL,			13-3240109
Part I	General In	formation on Activities Outside the United States.	Complete if the organ	ization answered "Yes" on
	Form 990 Day	t IV line 1/b		

# Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

No

(f) Total

expenditures

Employer identification number

(e) If activity listed in (d)

132071 12-20-21

Schedule	F (Form 990) 2021	FINCA INTERNATIONAL, INC.		13-3240	109	
Part II	Grants and Other Assi	stance to Organizations or Entities Outs	ide the United States.	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					
			or counsel has provided a sect	ion 501(c)(3) equ	Ivalency letter			
3 Enter total number of	otner organizations o	or entities				<u></u>		

	INCA INTERNATIONA				13-3240109	
art III Grants and Other Assistance Part III can be duplicated if ac			ites. Complete if	the organization answered "Yes"	on Form 990, Part	IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description o noncash assistanc

Schedule F (Form 990) 2021

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

Fail	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

13-3240109

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

METHOD USED TO ACCOUNT FOR EXPENDITURES: ACCRUAL METHOD

SCHEDULE G	Suppleme	ental Information Regarding	j Func	draisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$*				r <b>19</b> ,	or if the	2021
Department of the Treasury		Attach to Form 99						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for inst	ruction	s and	the latest information	on.		Inspection
Name of the organizatio								entification number
		RNATIONAL, INC.					13-32401	
	complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	ered "Y	'es" or	n Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followi	ng activ	vities.	Check all that apply.			
a 🛛 Mail solicita	tions	e 🗴 Solicita	ation of	non-g	overnment grants			
<b>b</b> X Internet and	email solicitations	s f 🗶 Solicita	ation of	gover	nment grants			
c X Phone solic	itations	g 📃 Specia	ıl fundra	aising	events			
d X In-person so	olicitations							
•		or oral agreement with any individua	•	•		tees,		
		art VII) or entity in connection with p			•		X Ye	
		viduals or entities (fundraisers) pursu	uant to	agree	ments under which th	le fur	ndraiser is to b	e
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by)
or entity (lune	uraiser)		or con contrib	ntrol of utions?	from activity		ted in col. (i)	organization
SD&A TELESERVICES	– 5757 W.		Yes	No				
CENTURY BLVD. #300	, LOS	TELEMARKETING		X	16,201.		15,114	1,087.
INTEGRATED DIRECT	MARKETING -	MARKETING CONSULTING						
1250 CONNECTICUT A	VE. NW	SERVICES		X	0.		471,350	-471,350.
			_					
Total			<u></u>		16,201.		486,464	,
<ol> <li>List all states in wh or licensing.</li> </ol>	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from r	egistration

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV

Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
		putions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000.

		of fundraising event contributions and gro		EZ, III les Tariu OD. List e	÷ .	s greater than \$5,000.
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Orah aviana				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
		<b>5</b>				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
De	11	Net income summary. Subtract line 10 from li				
Pa	ITLI	<b>II</b> Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$13,000 0H F0HH 990-E2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
anu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ч	1	Gross revenue				
	~	Out the state				
ses	2	Cash prizes				
cben	3	Noncash prizes				
τÊ						
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	Νο	Νο	
						1

9	Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

132082 10-21-21

Yes

Yes

No

No

Sch	edule G (Form 990) 2021 FINCA INTERNATIONAL, INC. 13	-3240109	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
c	: If "Yes," enter name and address of the third party:		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: SD&A TELESERVICES		
(I)	ADDRESS OF FUNDRAISER:		
575	7 W. CENTURY BLVD. #300, LOS ANGELES, CA 90045		
(I)	NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING		
(I)	ADDRESS OF FUNDRAISER:		
	0 CONNECTICUT AVE. NW #700, WASHINGTON, DC 20036		

Part IV	Supplemental Information (co	ontinued)	

SC	HEDULE J	Compen	sation Information	I	OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Direc	tors, Trustees, Key Employees, and Highest		20	21			
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.		20		l		
	tment of the Treasury		Attach to Form 990.		Open to		ic		
	al Revenue Service		990 for instructions and the latest information.	Employer id	Inspe				
inari	e of the organization			Employer ide		on nui	nber		
Da	rt I Question	FINCA INTERNATIONAL, INC. s Regarding Compensation		13-324	40109				
10		s negarang compensation				Vaa	Ne		
10	Chock the appropri	ate bey(es) if the organization provided an	w of the following to or for a person listed on Form	000		Yes	No		
Id		line 1a. Complete Part III to provide any re	y of the following to or for a person listed on Form	990,					
	First-class or c		Housing allowance or residence for perso	معبياهم					
	Travel for com		Payments for business use of personal re						
	Tax indemnific	S							
	Discretionary :								
			Personal services (such as maid, chauffe	iii, onoi)					
b	If any of the boxes	on line 1a are checked, did the organizatio	n follow a written policy regarding payment or						
-	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain								
2									
			egarding the items checked on line 1a?		2				
	,								
3	Indicate which, if a	ny, of the following the organization used to	o establish the compensation of the organization's	i					
	CEO/Executive Dire	ctor. Check all that apply. Do not check a	ny boxes for methods used by a related organizati	on to					
	establish compensa	ation of the CEO/Executive Director, but ex	plain in Part III.						
	X Compensation	committee	Written employment contract						
	Independent of	ompensation consultant	Compensation survey or study						
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, S	Section A, line 1a, with respect to the filing						
	organization or a re	ated organization:							
а	Receive a severance	e payment or change-of-control payment?			4a		X		
b	Participate in or rec	eive payment from a supplemental nonqua	alified retirement plan?		. <b>4b</b>		X		
С	Participate in or rec	eive payment from an equity-based compe	ensation arrangement?		. <b>4</b> c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III.						
	_								
_		)(3), 501(c)(4), and 501(c)(29) organizatio	-						
5			id the organization pay or accrue any compensation	'n					
	contingent on the r				-		v		
a	ine organization?				<u>5a</u>		X X		
a					5b				
~		r 5b, describe in Part III.	id the execution pay or secure and secure and						
6			id the organization pay or accrue any compensatic	'n					
~	contingent on the r	0			60		x		
a h					6a 6b		x		
n		r 6b, describe in Part III.			6b				
7		-	id the organization provide any nonfixed payments						
'			the organization provide any nomixed payments		7		x		
8			crued pursuant to a contract that was subject to th		-				
5		ption described in Regulations section 53.			8		x		
9		d the organization also follow the rebuttab							
5	Regulations section				9				
LHA		eduction Act Notice, see the Instruction		Schedul		n <b>990</b> )	) 2021		

13-3240109

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) RUPERT SCOFIELD	(i)	364,895.	0.	16,078.	23,200.	39,348.	443,521.	٥.	
PRESIDENT & CEO	(ii)	0.	0.	٥.	0.	0.	0.	0.	
(2) COLLEEN ZAKREWSKY	(i)	238,530.	0.	1,200.	8,917.	20,558.	269,205.	0.	
SVP, DEVELOP & EXT RELATIONS	(ii)	0.	0.	٥.	0.	0.	0.	0.	
(3) OMER IMTIAZUDDIN	(i)	227,500.	0.	1,200.	771.	2,750.	232,221.	٥.	
MANAGING DIRECTOR - FINCA VENTURES	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(4) DREW BOSHELL	(i)	188,976.	0.	0.	0.	21,096.	210,072.	٥.	
EXECUTIVE DIRECTOR AFFILIATE	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(5) STEFAN GRUNDMANN	(i)	168,280.	0.	1,200.	6,604.	16,310.	192,394.	٥.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	٥.	0.	0.	٥.	٥.	
(6) SCOTT GRAHAM	(i)	164,111.	0.	1,200.	13,375.	13,704.	192,390.	٥.	
VP OF CUSTOMER RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(7) ROBERT PRICE	(i)	131,150.	0.	0.	11,135.	38,606.	180,891.	٥.	
SENIOR DIRECTOR - DIRECT MARKETING	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(8) KUO-WEI WANG	(i)	160,623.	0.	1,200.	2,865.	11,124.	175,812.	٥.	
VP OF FINANCE (BEG. 01/21)	(ii)	0.	0.	0.	0.	0.	0.	٥.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE L
------------

(Form 990)

Transactions With Interested Persons
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB	No.	1545-0047	

2021	
Open To Public	

Department of the Treasury Internal Revenue Service							Open To Public Inspection									
Name of the organization	on						r identification number									
FINCA INTERNATIONAL, INC.					13-3240109											
										n 501(c)(29) orgar						
Complete	if the o							ine 25a or 25t	o, or	Form 990-EZ, Pa	rt V, I	ine 40	b.			
1 (a) Name of disqua	alified p	erson	(b) F	elationship bet person and o			ified	(	c) D	escription of trans	sactic	n			Corre	
				person and o	iyaniza	allon		```	<u> </u>	•				<u> </u>	es	No
														—		
														+		
														_		
														_		
														-		
2 Enter the amount	of tax in	acurred by t		ragnization man	aders	or disc	ualifia	l d nersons dur	ina t	the year under						
section 4958												► \$				
3 Enter the amount												► \$				
	o		, .				<b>J</b> ai 11 <b>2</b> a									
Part II Loans t	o and	/or From	Inte	erested Pers	sons											
Complete	if the o	rganization	ansv	vered "Yes" on	Form §	990-EZ,	Part	V, line 38a or F	Form	n 990, Part IV, line	e 26; (	or if th	e orga	nizatic	n	
reported a	an amou	unt on Form	990	, Part X, line 5, 6	6, or 2	2.							-			
(a) Name of		(b) Relations		(c) Purpose		oan to or m the		e) Original	(1	) Balance due		) In	(h) Ap	proved ard or	(i) W	ritten
interested persor	n	with organiza	ation	of loan		ization?	prino	cipal amount			default?		by board or committee?		agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
														L		
							-							Ĺ		
Total	or Ac	sistanaa l	Bon	efiting Inter	octo	d Dor	<u></u>	> \$								
				-												
				vered "Yes" on						(al) Turne	- 4		1.	. D		
(a) Name of inter	ested p	erson		(b) Relationship interested pers	betwe	een	(	assistance		(d) Type assistance				) Purp assista		
				the organiz		i di			233312110					5010101100		
LHA For Paperwork	Reduct	ion Act Not	ice, :	see the Instruc	tions	for For	m 990	) or 990-EZ.				Sche	dule L	. (Forr	n 990)	2021

# Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of person and the organization transaction transaction revenues? Yes No\_\_\_ 49,038. EMPLOYMENT JULIE HOUSER FAMILY MEMBER, CEO Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

ſ 1 ZUZ **Open to Public** . Inspection

Employer identification number

FINCA	INTERNATIONAL.	INC.

	FINCA INTERNATIONA	L, INC.			13-3	240109	)	
Par	t I Types of Property				· · · · · · · · · · · · · · · · · · ·			
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		0	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	61	359,668.	COST OR SELLING	PRICE		
10	Securities - Closely held stock			, -				
11	Securities - Partnership, LLC, or							
••								
12	securities - Miscellaneous							
13	Qualified conservation contribution -							
10								
14	Augualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory Drugs and medical supplies							
20 21								
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	x	1	230,375.	0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
25	· · · · · · · · · · · · · · · · · · ·	X	2		COST OR SELLING	DDTC		
26		A	2	19,440.	COSI OK SELLING	FRIC		
27	Other ()							
28	Other  () Number of Forms 8283 received by the organiz	l Totion during	 					
29	, , , , , , , , , , , , , , , , , , , ,	-						
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	ement 29			Yes	N
20-	During the user did the eventienties receive to			autorius Daut I. Jiman 4 Maurus	h 00 that it		res	No
30a	During the year, did the organization receive by		•••••					
	must hold for at least three years from the date	_				20.0		х
L	exempt purposes for the entire holding period?	r				30a		
	If "Yes," describe the arrangement in Part II.	aliov that ra	auiroo tho roviou	of any popotopdard contribut	iono?	04	x	
31	Does the organization have a gift acceptance p	•	-	-		31	Δ	
32a	Does the organization hire or use third parties		•			20-	x	
L	contributions?					32a	Δ	
	If "Yes," describe in Part II.	aluma (a) fa		(for which column (a) is -t	lad			
33	If the organization didn't report an amount in c	olumn (C) foi	a type of property	r for which column (a) is cheo	sked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

#### A COMBINATION OF BOTH

SCHEDULE M, LINE 32B:

FINCA USES CHARLES SCHWAB BROKERAGE SERVICES TO SELL DONATED SECURITIES

Page **2** 

SCHEDULE O	Supplemental Information to Form 990 or 990	
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	Open to Public Inspection
Name of the organization	FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
FORM 990, PART I,	LINE 9, PROGRAM SERVICE REVENUE:	
THE NEGATIVE PROGR.	AM SERVICE REVENUE OF (\$16,997,704) INCLUDED FINCA	
INTERNATIONAL'S SH	ARE OF LOSS ON FINCA IMPACT FINANCE OF (\$31,851,974)	
BASED ON AN EQUITY	METHOD. FINCA INTERNATIONAL BEARS NO CASH FLOW	
IMPACT OR LEGAL OB	LIGATIONS FOR SUCH LOSS.	
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
BELIEVES IN ECONOM	IC OPPORTUNITY AND JUSTICE FOR ALL AND THEREFORE IS	
COMMITTED TO PURSU	E THE ADVANCEMENT OF FINANCIAL INCLUSION.	
FINCA INTERNATIONA	L IS THE FOUNDER AND MAJORITY OWNER OF FINCA IMPACT	
FINANCE (FIF), A N	ETWORK OF 20 COMMUNITY-BASED MICRO-FINANCE	
INSTITUTIONS AND B.	ANKS THAT AMPLIFIES FINANCIAL INCLUSION THROUGH	
INNOVATIVE, RESPON	SIBLE, AND IMPACTFUL FINANCIAL SERVICES TO	
UNDERPRIVILEGED CL	IENTS. SERVICES PROVIDED BY FIF INCLUDE: VILLAGE	
BANKING AND SMALL	GROUP LOANS TARGETED TO LOW-INCOME	
MICRO-ENTREPRENEUR	S; INDIVIDUAL LOANS TO SUPPORT THE GROWTH OF SMALL	
BUSINESSES GROWTH	AND JOB CREATION; LOANS WITH EXCLUSIVE REPAYMENT	
CONDITIONS FOR CLI	ENTS IN AGROBUSINESSES WHO ARE IN NEED OF PURCHASING	
SEEDS, FERTILIZER,	LIVESTOCK AND EQUIPMENT; SAVINGS ACCOUNTS TO PROMOTE	
RELIEF AGAINST DIF	FICULT TIMES; CREDIT, DISABILITY AND FUNERAL	
INSURANCE TO LESSE	N FINANCIAL STRESS ASSOCIATED WITH MAJOR OR	
UNEXPECTED EXPENSE	S; MONEY TRANSFERS CARRIED OUT IN A SAFE AND	
AFFORDABLE WAY; AN	D, ENERGY LOANS TO PURCHASE OR LEASE CLEAN	
ELECTRICITY SYSTEM	S OR PRODUCTS.	

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
FOR 2021, FIF REPORTED A TOTAL OF \$852 MILLION IN LOANS DISBURSED, OVER	
2,670,000 INDIVIDUALS SAVING ON A REGULAR BASIS ADDING UP TO \$435	
MILLION IN VOLUNTARY DEPOSITS, AND 39% OF CLIENTS WHO WERE WOMEN.	
FOR THAT SAME YEAR, FIF'S AFFILIATES AROUND THE WORLD REPORTED THE	
FOLLOWING NUMBERS OF CLIENTS OR BENEFICIARIES OF FINANCIAL PRODUCTS AND	
SERVICES:	
DRC: 369,494	
MALAWI: 162,299	
NIGERIA: 7,015	
TANZANIA: 427,078	
UGANDA: 123,146	
ZAMBIA: 21,544	
ARMENIA: 26,393	
AZERBAIJAN: 19,220	
GEORGIA: 58,626	
KYRGYZSTAN: 196,682	
TAJIKISTAN: 32,721	
ECUADOR: 51,617	
GUATEMALA: 21,901	
HAITI: 60,457	
HONDURAS: 74,564	
NICARAGUA: 1,187	
AFGHANISTAN: 19,379	
JORDAN: 29,063	
PAKISTAN: 1,327,315	

Schedule O (Form 990) 2021	
Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
LIFE-ENHANCING PRODUCTS SUCH AS SOLAR HOME SYSTEMS AND IMPROVED	
COOKSTOVES TO THE BOP MARKET AT AFFORDABLE RATES. AS IMPORTANTLY, AND	
ALIGNED WITH FINCA'S MICRO-LENDING ACTIVITIES, BRIGHTLIFE FINANCES	
THESE AFFORDABLE PRODUCTS UTILIZING PAYGO TECHNOLOGY, SO THAT	
INDIVIDUALS CAN ACCESS THESE LIFE-ENHANCING PRODUCTS THAT THEY MIGHT	
NOT OTHERWISE BE ABLE TO AFFORD.	
IN 2021, BRIGHTLIFE EMPLOYED 65 FULL-TIME EMPLOYEES IN UGANDA AND HAD A	
COMMISSION-BASED SALES DISTRIBUTION NETWORK OF APPROXIMATELY 200	
AGENTS. BRIGHTLIFE SOLD 7,500 PRODUCTS OVER THE YEAR WHICH IMPROVED THE	
LIVES OF APPROXIMATELY 50,000 UGANDANS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
THIS SPECTRUM AS IT SEEKS TO MAXIMIZE PRODUCT AND SERVICE TO INCREASE	
SOCIAL IMPACT. FINCA VENTURES SUPPORTED 18 PORTFOLIO COMPANIES THAT	
DELIVERED LIFE-ENHANCING PRODUCTS AND SERVICES IN 27 COUNTRIES GLOBALLY	
IN 2021.	
ICNITAL 1 962 641 SMALLUCIDED FADMEDS DESETVED ASSESS TO LOCAL WEATURD	
IGNITIA: 1,962,641 SMALLHOLDER FARMERS RECEIVED ACCESS TO LOCAL WEATHER	
FORECASTS IN WEST AFRICA.	
EAST AFRICA FRUITS: 5,004 SMALLHOLDER FARMERS CONNECTED TO 4,579 SMALL,	
INFORMAL VENDORS IN TANZANIA, ALLOWING FOR BOTH GROUPS TO IMPROVE THEIR	
INCOMES.	

GOOD NATURE AGRO: 27,923 SMALLHOLDER FARMERS (39 PERCENT OF WHOM ARE

FEMALE) REACHED IN ZAMBIA AND MALAWI.

Schedule O (Form 990) 2021		
Name of the organization	Employer identification number	
FINCA INTERNATIONAL, INC.	13-3240109	

MERIDIA: 123,549 HECTARES MAPPED AND 8,699 SMALLHOLDER FARMERS PROVIDED

WITH LAND DOCUMENTATION SINCE INCEPTION IN GHANA, COTE D'IVOIRE AND

INDONESIA.

YYTZ: 1,037 SMALLHOLDER FARMERS (45 PERCENT OF WHOM ARE FEMALE)

RECEIVED HIGHER CASHEW PRICES IN TANZANIA.

IMALIPAY: 24,605 GIG ECONOMY WORKERS PROVIDED WITH ACCESS TO SAVINGS

AND LOAN PRODUCTS IN KENYA AND NIGERIA.

JEFA: 2,580 WOMEN RECEIVED ACCESS TO FINANCIAL LITERACY TRAINING IN

MEXICO.

KUUNDA: 12M DISBURSEMENTS, TOTALING \$128M, TO 105K REGISTERED MOBILE

MONEY AGENTS SINCE INCEPTION IN TANZANIA.

KWARA: 51 SACCO / CREDIT UNION CLIENTS FULLY DIGITIZED SERVING 65,240

END USERS IN KENYA.

MDAAS GLOBAL: 65,581 PATIENTS (64 PERCENT OF WHOM ARE FEMALE) GAINED

AFFORDABLE DIAGNOSTIC SERVICES SINCE 2017 IN NIGERIA.

SISU GLOBAL: 740 MANUAL AUTOTRANSFUSION CONSUMABLES SOLD THROUGH

DISTRIBUTION PARTNERS IN EAST AFRICA TO BE USED IN SURGERIES TO RECYCLE

A PATIENT'S OWN BLOOD.

SANIVATION: 1,089 METRIC TONS OF FECAL SLUDGE CONVERTED TO FUEL

Schedule O (Form 990) 2021	Page 2
Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
SUBSTITUTES, SAVING 33,894 TREES IN KENYA.	
JIBU: 333M LITERS OF CLEAN WATER PROVIDED TO CUSTOMERS AND 3,108 JOBS	
SUPPORTED THROUGH 147 FRANCHISES SINCE 2014 IN EAST AFRICA.	
AMPED INNOVATION: 29,964 FAMILIES BENEFITED FROM 2,295 MWH OF CLEAN	
ENERGY IN EAST AND WEST AFRICA.	
ENEZA EDUCATION: OVER 11M QUIZZES TAKEN BY 1,199,979 ACTIVE LEARNERS IN	
KENYA.	
PENDA: 128,346 PATIENTS VISITED ONE OF 21 AFFORDABLE PRIMARY CARE	
CLINICS IN KENYA.	
NATURELOCK: 25.3 METRIC TONS OF FOOD WASTE SAVED FROM SOURCING FROM 800	
SMALLHOLDER FARMERS IN KENYA.	
FLOATPAYS: 10,249 EMPLOYEES PROVIDED WITH EARLY WAGE ACCESS IN SOUTH	
AFRICA.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
FINCA KOSOVO BRANCH	
FINCA KOSOVO ADHERES TO FINCA INTERNATIONAL'S MISSION OF ALLEVIATING	
POVERTY THROUGH LASTING SOLUTIONS THAT HELP PEOPLE BUILD ASSETS, CREATE	
JOBS AND RAISE THEIR STANDARD OF LIVING. FINCA KOSOVO, MANAGED UNDER	
FINCA IMPACT NETWORK, IS AN UNCONVENTIONAL COMMUNITY-BASED BANK THAT	
PROFITABLY AND RESPONSIBLY PROVIDES INNOVATIVE AND IMPACTFUL FINANCIAL	

SERVICES THAT ENABLE LOW-INCOME INDIVIDUALS AND COMMUNITIES TO INVEST
IN THEIR FUTURES.
FINCA KOSOVO PROVIDES FINANCIAL SERVICES TO CLIENTS THROUGH 30 BRANCHES
THROUGH THESE SERVICE OUTLETS, AND ITS 265 EMPLOYEES, FINCA KOSOVO
OFFERS THE FOLLOWING CREDIT PRODUCTS TO MICRO-ENTREPRENEURS: WOMEN
ENTREPRENEUR LOAN, AGRICULTURAL LOAN, BUSINESS LOAN, HOME IMPROVEMENT
LOAN, LIFE IMPROVEMENT LOAN, FAST LOAN, AND VEHICLE REGISTRATION LOAN.
SINCE 2016, FINCA KOSOVO IS CERTIFIED BY THE SMART CAMPAIGN FOR
CUSTOMER PROTECTION'. THIS OFFICIAL ACKNOWLEDGMENT WAS MADE AFTER AN
IN-DEPTH ASSESSMENT OF ALL FINCA KOSOVO'S PROCESSES AND POLICIES AND
HIGHLIGHTED FINCA'S SERIOUS COMMITMENT TO HIGH ETHICAL STANDARDS IN
HANDLING ITS CLIENTS. THESE INCLUDE DESIGNING AND PROVIDING THE RIGHT
PRODUCTS, PREVENTING CUSTOMER OVERLOAD WITH DEBT, TRANSPARENCY,
RESPONSIVE PRICES, TREATING CUSTOMERS FAIRLY AND WITH RESPECT,
MAINTAINING CUSTOMER DATA PRIVACY, AND COMPLAINTS HANDLING MECHANISMS.
FURTHERMORE, IN 2020, FINCA KOSOVO, ANNOUNCED ITS RECERTIFICATION FOR
THE SECOND TIME BY MICROFINANZA RATING (MFR) WITH CLIENT PROTECTION
CERTIFICATION. THIS AWARD IS AN ATTESTATION TO FINCA KOSOVO'S
COMMITMENT TO CONTINUE UPHOLDING INDUSTRY-LEADING CLIENT PROTECTION
STANDARDS IN PROVIDING RESPONSIBLE FINANCE AND IS COMMITTED TO HIGH
ETHICAL STANDARDS IN THE TREATMENT OF ITS CLIENTS.
BY DECEMBER 2021, FINCA KOSOVO'S CLIENTELE HAD INCREASED TO 22,930
INDIVIDUALS, 715 MORE CLIENTS THAN THE SAME MONTH IN THE PREVIOUS YEAR.
23.5% OF THESE CLIENTS WERE WOMEN. THE TOTAL LOAN AMOUNT DISBURSED
DURING THE YEAR ADDED \$54 MILLION IN 17,500 TOTAL LOANS DISBURSED.
132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021

FINCA INTERNATIONAL, INC.

Name of the organization

Employer identification number

13-3240109

Schedule O (Form 990) 2021	Employer identification number
Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
EXPENSES \$ 8,691,023. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,245,024.	
OTHER PROGRAM SERVICES	
EXPENSES \$ 6,421,261. INCLUDING GRANTS OF \$ 0. REVENUE \$ 318,416.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
AFGHANISTAN, AZERBAIJAN, ARMENIA, CONGO, DEM REP,	
ECUADOR, GEORGIA, GUATEMALA, HAITI,	
HONDURAS, JORDAN, KYRGYZSTAN, KOSOVO,	
MALAWI, NIGERIA, NICARAGUA, PAKISTAN,	
TAJIKISTAN, TANZANIA, UGANDA, ZAMBIA	
FORM 990, PART VI, SECTION A, LINE 2: THE CHAIRMAN OF FINCA INTERNATIONAL'S BOARD OF DIRECTORS, ROBERT W. HATCH,	
HAS A FAMILY RELATIONSHIP WITH THE FOUNDER, JOHN HATCH, WHO IS ALSO A	
DIRECTOR AND RETIRED EMPLOYEE OF THE ORGANIZATION.	
FINCA INTERNATIONAL DIRECTORS RICHARD WILLIAMSON AND RUPERT SCOFIELD ARE	
BOTH MEMBERS OF THE BOARD OF DIRECTORS AND MINOR SHAREHOLDERS OF CEREAL	
INGREDIENTS, INC. WHICH IS OWNED BY ROBERT HATCH. JOHN HATCH IS ALSO A	
MINOR SHAREHOLDER OF CEREAL INGREDIENTS BUT NOT A DIRECTOR.	
FORM 990, PART VI, SECTION A, LINE 6:	
PER FINCA INTERNATIONAL'S CONSTITUENT DOCUMENTS, MEMBERS ARE THE FUNCTIONAL	
EQUIVALENT OF SHAREHOLDERS BUT HOLD NO ECONOMIC INTEREST. THEY ACT AS	
STEWARDS OF THE CHARITABLE MISSION AND SERVE AS THE ULTIMATE GOVERNANCE	

AUTHORITY OF THE ORGANIZATION. FINCA INTERNATIONAL HAS 4 (FOUR) MEMBERS,

EACH OF WHOM HAVE EQUAL VOTING RIGHTS AND DEVOTE CONSIDERABLE TIME AND

ame of the organization	Employer identification number
FINCA INTERNATIONAL, INC.	13-3240109
TTENTION TO ITS ACTIVITIES. MEMBERSHIPS IN FINCA INTERNATIONAL ARE NOT	
OLD AS FUNDRAISING MECHANISMS.	
ORM 990, PART VI, SECTION A, LINE 7A:	
ER THE BYLAWS OF THE ORGANIZATION, THE MEMBERS HAVE POWER TO MAKE	
PPOINTMENTS TO, ACCEPT RESIGNATIONS, MAKE SUBSTITUTIONS FOR, AND REMOVE	
ERSONS FROM THE BOARD OF DIRECTORS.	

CERTAIN KEY DECISIONS OF THE BOARD OF DIRECTORS (FINCA INTERNATIONAL'S

GOVERNING BODY) ARE SUBJECT TO THE APPROVAL OF THE MEMBERS OF THE

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED TO THE 990 REVIEW TEAM COMPOSED OF THE AUDIT

COMMITTEE AND REPRESENTATIVES FROM MANAGEMENT TEAM, FINANCE AND LEGAL. THE

REVIEW TEAM SURVEYS THE DOCUMENT AND A MEETING IS SCHEDULED TO DISCUSS ANY

QUESTIONS WITH THE CFO. REVIEWING PROCESS INCLUDES SURVEYING SECTIONS,

SCHEDULES, CHECKLISTS AND DISCLOSURES OF THE RETURN PLUS CORRESPONDING

APPROVALS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY

CONFLICTS OF INTERESTS ON AN ONGOING BASIS. CONFLICT OF INTERESTS ARE

PROHIBITED BY FINCA INTERNATIONAL'S CODE OF CONDUCT AND EMPLOYEE HANDBOOK,

SUBJECT TO EXCEPTIONS BASED BY AN INDEPENDENT AUDIT COMMITTEE. CONFLICTS,

INCLUDING RELATED PARTY TRANSACTIONS, ARE STRONGLY DISCOURAGED AND

APPROVED, IF AT ALL, IN EXCEPTIONAL CASES. THE PROCESS IS MONITORED THROUGH

Schedule O (Form 990) 2021	Page
Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
ACKNOWLEDGEMENT OF THE POLICY PROHIBITING AND REQUIRING REPORTING OF ANY	
CONFLICTS, ALONG WITH INTERNAL AUDITS AND OTHER CONTROLS (INCLUDING THE	
CONTRACT REVIEW PROCESS). THE FINCA CODE OF CONDUCT, APPLICABLE TO ALL	
FINCA PERSONS GLOBALLY, PROVIDES A CONFIDENTIAL REPORTING MECHANISM	
("HOTLINE") FOR REPORTING VIOLATIONS OF THE CODE, INCLUDING OF INTERESTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED ANNUALLY BY THE	
EXECUTIVE COMMITTEE. THE PRESIDENT & CEO RECUSES HIMSELF FROM THAT	
CONVERSATION.	
THE PROCESS FOR DETERMINING ALL OFFICERS' COMPENSATION IS PERFORMED BY THE	
HUMAN RESOURCES DEPARTMENT AND REVIEWED AND APPROVED BY THE BOARD OF	
DIRECTORS EXECUTIVE COMMITTEE. THE PROCESS INCLUDES A REVIEW OF OTHER FORM	
990s AND COMPENSATION SURVEYS, AND THERE IS CONTEMPORANEOUS SUBSTANTIATION	
OF THE DELIBERATION AND DECISION. THE REVIEW IS PERFORMED ANNUALLY.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI	
SC, TN, UT, VA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19:	

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON

REQUEST AND ON ITS OWN WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNAMORTIZED PENSION PRIOR SERVICE COSTS

117,234.

Schedule O (Form 990) 2021 Name of the organization FINCA INTERNATIONAL, INC.		Page Employer identification numbe 13-3240109
CURRENCY TRANSLATION ADJUSTMENTS	-1,737,506.	
RESERVE ADJUSTMENT	88,000.	
THER FV ADJUSTMENT	253,838.	
CASHFLOW HEDGES, NET OF TAX	6,861,759.	
TOTAL TO FORM 990, PART XI, LINE 9	5,583,325.	

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number 13-3240109

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
FINCA PLUS, LLC - 46-4312538					
1201 15TH ST NW, 8TH FLOOR					FINCA INTERNATIONAL,
WASHINGTON, DC 20005	SOLAR ENERGY PRODUCTS	DELAWARE	1,099,482.	3,022,655.	INC.
FINCA CAPITAL FUND, LLC - 26-0648736					
1201 15TH ST NW, 8TH FLOOR					FINCA INTERNATIONAL,
WASHINGTON, DC 20005	DORMANT	DELAWARE	0.	0.	INC.
FINCA LICENSING & SUPPORT LLC					
1201 15TH ST NW, 8TH FLOOR					FINCA INTERNATIONAL,
WASHINGTON, DC 20005	DORMANT	DELAWARE	0.	0.	INC.
	$\neg$				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
FUNDACION INTEGRAL COMUNITARIA, AC					FINCA		
AV. PASEO DE LA REFORMA 295, COL. CUAUHTEMOC					MICROFINANCE		
CDMX, MEXICO	DORMANT	MEXICO			HOLDING COMPANY	х	
FUNDACION INTERNACIONAL PARA LA ASISTENCIA					FINCA		
COMUNITARIA DEL ECUADOR, AVDA. AMAZONAS					INTERNATIONAL,		
N39-123 Y JOSE ARIZAGA, EDIFICIO AMAZONAS,	DORMANT	ECUADOR			INC.	х	
FINCA HAITI					FINCA		
26, RUE METELLUS, PETIONVILLE					MICROFINANCE		
PORT-AU-PRINCE, HAITI	DORMANT	HAITI			HOLDING COMPANY	х	
FINCA HONDURAS					FINCA		
COL. RUBEN DARIO, 3RA CALLE NO. 2316	1				INTERNATIONAL,		
TEGUCIGALPA, HONDURAS	DORMANT	HONDURAS			INC.	х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

OMB No. 1545-0047

2021

Open to Public Inspection Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
		<b>3</b> <i>y</i>		501(c)(3))		Yes	No
FINCA CHARITY FOUNDATION					FINCA		
AGATANGEGHOS STREET, 2A					INTERNATIONAL,		
YEREVAN, ARMENIA	DORMANT	ARMENIA			INC.	х	
FUNDACION INTERNATIONAL PARA LA ASISTENCIA					FINCA		
COMUNITARIA DE NICARAGUA, DE LA ROTONDA DEL					MICROFINANCE		
GUEGUENSE, MANAGUA, NICARAGUA	DORMANT	NICARAGUA			HOLDING COMPANY	x	
FUNDACION INTERNACIONAL PARA LA ASISTENCIA					FINCA		
COMUNITARIA DE GUATEMALA, 7A. 11-11 AVENUE,	7				MICROFINANCE		
ZONE 9, GUATEMALA CITY, GUATEMALA	MICROFINANCE OPERATIONS	GUATEMALA			HOLDING COMPANY	x	
	-						
	-						
	-						
	-						
	-						
	_						
	_						
	7						
	7						
	-						
	-						
	-						
	-						
	4						
	4						

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No		Yes	lo
FINCA MICROFINANCE HOLDING											
COMPANY LLC - 45-0793602,			FINCA								
1201 15TH ST NW, 8TH FLOOR,			INTERNATIONAL,								
WASHINGTON, DC 20005	HOLDING COMPANY	DC	INC.	RELATED	2,078,267.	114,252,121.		x	N/A	x	65.89%
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	(i) ction (b)(13) trolled tity?
		country)		or trusty		233013		Yes	No
FINCA AFGHANISTAN			FINCA						
HOUSE NO. 14, ST NO. 4, TAIMANI	MICROFINANCE		MICROFINANCE						
KABUL, AFGHANISTAN	OPERATIONS	AFGHANIST	COOPERATIEF	C CORP	0.	0.	.00%	x	
FINCA UNIVERSAL CREDIT ORGANIZATION CJSC			FINCA						
AGATANGEGHOS STREET, 2A	MICROFINANCE		MICROFINANCE						
YEREVAN, ARMENIA	OPERATIONS	ARMENIA	COOPERATIEF	C CORP	6,851,737.	28,399,029.	65.89%	x	
FINCA AZERBAIJAN LLC			FINCA						
44 JAFAR JABBARLI STREET	MICROFINANCE		MICROFINANCE						
BAKU, AZERBAIJAN	OPERATIONS	AZERBAIJA	COOPERATIEF	C CORP	2,990,707.	13,903,907.	65.89%	x	
FINCA D.R. CONGO SARL			FINCA						
1286 AVE TOMBALBAYE	MICROFINANCE	CONGO	MICROFINANCE						
KINSHASA, CONGO (KINSHASA)	OPERATIONS	(KINSHASA	HOLDING	C CORP	24,901,704.	71,762,651.	65.89%	x	
FINCA TRANSFERT SARL									
1286 AVE TOMBALBAYE	MICROFINANCE	CONGO	FINCA D.R.						
KINSHASA, CONGO (KINSHASA)	OPERATIONS	(KINSHASA	CONGO SARL	C CORP	68,943.	291,864.	61.69%	x	

132162 11-17-21

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr	i) stion b)(13) rolled tity?
		country)						Yes	No
BANCO PARA LA ASISTENCIA COMUNITARIA FINCA	MIGDORINNAR		FINCA						
S.A., AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA,	MICROFINANCE		MICROFINANCE		10 446 176		CF 00%		
QUITO, ECUADOR	OPERATIONS	ECUADOR	HOLDING	C CORP	10,446,176.	50,106,524.	65.89%	X	<u> </u>
JSC MFO FINCA			FINCA						
71 VAZHA-PSHAVELA AVENUE	MICROFINANCE		MICROFINANCE						
TBILISI, GEORGIA	OPERATIONS	GEORGIA	COOPERATIEF	C CORP	0.	0.	.00%	X	<b></b>
FINCASERVICIOS - LATINOAMERICA SA	-		FINCA						
23 CALLE 14-15, ZONA 4	_		MICROFINANCE		_				
GUATEMALA CITY, GUATEMALA	DORMANT	GUATEMAL		C CORP	0.	2,293.	65.89%	X	<b></b>
FINCA MICROFINANZAS, S.A.	_		FINCA						
7A. 11-11 AVENUE, ZONE 9	_		MICROFINANCE						
GUATEMALA CITY, GUATEMALA	DORMANT	GUATEMAL	HOLDING	C CORP	0.	0.	65.89%	X	L
FINCA HAITI SA			FINCA						
26, RUE METELLUS	MICROFINANCE		MICROFINANCE						
PORT-AU-PRINCE, HAITI	OPERATIONS	HAITI	HOLDING	C CORP	4,744,449.	13,892,727.	65.89%	X	
FINANCIERA FINCA HONDURAS, S.A.			FINCA						
PLAZA AZUL, LOMAS DE GUIJARRO, CALLE VIENA A	MICROFINANCE		MICROFINANCE						
TEGUCIGALPA, DISTRITO CENTRAL, HONDURAS	OPERATIONS	HONDURAS	HOLDING	C CORP	5,523,216.	15,342,977.	65.89%	х	
SPECIALIZED MICRO LOANS (PRIVATE			FINCA						
SHAREHOLDING COMPANY), 4TH FL. DURRET,	MICROFINANCE		MICROFINANCE						
KHALDA, AMMAN, JORDAN	OPERATIONS	jordan	HOLDING	C CORP	5,836,558.	21,813,912.	65.89%	x	
FINCA KOSOVE S.H.A.			FINCA						
ROBERT DOLL ST. NR. 112			MICROFINANCE						
PRISHTINA, OTHER COUNTRY	DORMANT	kosovo	HOLDING	C CORP	0.	0.	65.89%	x	
FINCA MICRO-CREDIT COMPANY CJSC			FINCA						
93/2 SHOPOKOV STREET	MICROFINANCE		MICROFINANCE						
BISHKEK, KYRGYZSTAN	OPERATIONS	KYRGYZSTA	HOLDING	C CORP	17,462,332.	81,588,685.	65.89%	x	
FINCA LIMITED (MALAWI)			FINCA						
HENDERSON STREET	MICROFINANCE		MICROFINANCE						
BLANTYRE, MALAWI	OPERATIONS	MALAWI	COOPERATIEF	C CORP	6,235,421.	13,671,042.	65.89%	x	
FINCA MICROFINANCE COOPERATIEF U.A.			FINCA			<u> </u>			
DE ENTRE 99-197	1		MICROFINANCE						
AMSTERDAM, NETHERLANDS	HOLDING COMPANY	NETHERLAN	HOLDING	C CORP	-6,805,718.	64,496,206.	65.89%	x	
FINCA NETWORK SUPPORT BV		1	FINCA		, , ,	. , .			
DE ENTRE 99-197	1		MICROFINANCE						
AMSTERDAM, NETHERLANDS	IT SERVICES	NETHERLAI	COOPERATIEF	C CORP	5,484,715.	3,106,217.	65.89%	x	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr	o)(13)
		country)				435013		Yes	No
FINANCIERA FINCA NICARAGUA, S.A.	_		FINCA						l
DE LA ROTONDA DEL GUEGUENSE	MICROFINANCE		MICROFINANCE						l
MANAGUA, NICARAGUA	OPERATIONS	NICARAGU		C CORP	459,123.	1,625,700.	65.89%	X	<u> </u>
FINCA MICROFINANCE BANK LIMITED	_		FINCA						l
PLOT 20 WETHERAL ROAD	MICROFINANCE		MICROFINANCE						l
OWERRI, NIGERIA	OPERATIONS	NIGERIA	COOPERATIEF	C CORP	1,870,570.	5,791,726.	65.89%	х	<u> </u>
FINCA MICROFINANCE BANK LIMITED			FINCA						l
36-B, KHAYABAN-E-IQBAL	MICROFINANCE		MICROFINANCE						l
LAHORE, PAKISTAN	OPERATIONS	PAKISTAN	COOPERATIEF	C CORP	23,640,435.	110,606,541.	56.93%	x	
FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC			FINCA						1
9, JABBOR RASULOV STREET	MICROFINANCE		MICROFINANCE						l
DUSHANBE, TAJIKISTAN	OPERATIONS	TAJIKIST	AHOLDING	C CORP	3,487,028.	17,704,358.	65.89%	x	l
FINCA MICROFINANCE BANK LIMITED			FINCA						í – – – – – – – – – – – – – – – – – – –
BAGAMOYO ROAD, PLOT NO. 34	MICROFINANCE		MICROFINANCE						l
DAR ES SALAAM, TANZANIA	OPERATIONS	TANZANIA	HOLDING	C CORP	4,755,175.	14,726,895.	65.89%	x	l
FINCA UGANDA LIMITED			FINCA						
PLOT 11B ACACIA AVENUE	MICROFINANCE		MICROFINANCE						l
KAMPALA, UGANDA	OPERATIONS	UGANDA	COOPERATIEF	C CORP	9,951,287.	36,333,590.	65.89%	x	i
FINCA ZAMBIA LIMITED			FINCA						(
PLOT NO. 22768 ACACIA PARK	MICROFINANCE		MICROFINANCE						l
LUSAKA, ZAMBIA	OPERATIONS	ZAMBIA	COOPERATIEF	C CORP	1,888,104.	6,805,737.	65.89%	x	l
FINCA ZAMBIA HOLDING LIMITED			FINCA						
PLOT NO. 22768 ACACIA PARK	-		MICROFINANCE						l
LUSAKA, ZAMBIA	DORMANT	ZAMBIA	HOLDING	C CORP	0.	0.	65.89%	x	l
FINCASERVICES USA LLC - 90-0866365			FINCA						
21635 RED RUM DRIVE	-		MICROFINANCE						l
ASHBURN, VA 20147	IT SERVICES	VA	HOLDING	C CORP	20,028.	2,981,844.	65.89%	x	l
FINCA MICROFINANCE GLOBAL SERVICES, LLC -		1	FINCA		,	, , ,			
	-		MICROFINANCE						l
20005	SUPPORT SERVICES	VA	HOLDING	C CORP	12,317,995.	7,343,209.	65.89%	x	l
MICRO-FINANCE SOLUTIONS, INC.			FINCA						
PO BOX 309GT, UGLAND HOUSE, SOUTH CHURCH ST.	1	CAYMAN	INTERNATIONAL,						l
GEORGETOWN, CAYMAN ISLANDS	DORMANT	ISLANDS	INC.	C CORP	٥.	0.	100%	x	l
MFSI GUATEMALA SA			MICRO-FINANCE						í
23 CALLE 14-15 ZONA 4	1		SOLUTIONS,						l
GUATEMALA CITY, GUATEMALA	DORMANT	GUATEMAL	,	C CORP	0.	0.	100%	x	l

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	(i) ction (b)(13) trolled tity?
		country)		or trust)		assets		Yes	No
ASESORA DE MICROFINANZAS ASEMICROFIN SA			FUNDACION						
AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA	MICROFINANCE		INTERNACIONAL						
QUITO, ECUADOR	OPERATIONS	ECUADOR	PARA LA	C CORP	24,325.	602,678.	100%	x	
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	sI
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)	<u>1e</u>	-	_
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)	1j		_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)			$\square$
Reimbursement paid to related organization(s) for expenses	<b>1</b> p	—	$ \rightarrow $
Reimbursement paid by related organization(s) for expenses	<u>1q</u>	+	_
Other transfer of each or property to related erganization(s)	1r	1	
Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)			+

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE			
(1) GUATEMALA	A	168,423.	FMV
(2) FINCA AFGHANISTAN	D	402,195.	FMV
(3) FINCA HAITI SA	D	997,138.	FMV
(4) FINCA UGANDA LIMITED	D	296,443.	FMV
FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE			
(5) GUATEMALA	D	3,457,839.	FMV
(6) FINCA MICROFINANCE GLOBAL SERVICES, LLC	м	813,273.	FMV

# Schedule R (Form 990) FINCA INTERNATIONAL, INC.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) FINCA NETWORK SUPPORT BV	м	249,454.	FMV
(8) FINCA ZAMBIA LIMITED	м	121,517.	FMV
(9) FINCA MICROFINANCE GLOBAL SERVICES, LLC	N	713,759.	FMV
_ (10)			
_ (11)			
_ (12)			
(13)			
(14)			
(15)			
_ (16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
_ (23)			
(24)			

Schedule R (Form 990) 2021 FINCA INTERNATIONAL, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

				(1)	(4)	(*)	(h)		(1)	(1)	(k)
(a)	(b)	(c)	(d)	(e) Are all partners s 501(c)(3 orgs.?	(f)	<b>(g)</b> Share of	(h)	) por-	(i) Code V UBI	(j)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated,	partners s 501(c)(3	ec. Share of total	end-of-year	Dispro tiona allocatio	ite	amount in box 20	managing	
orentity		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.?				ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country	sections 512-514)	Yes N	o income	233613	Yes	No	(FORM 1065)	Yes NC	4
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							$\square$		_	+	<b></b>
											1
								-+			<b> </b>

Schedule R (Form 990) 2021

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FUNDACION INTEGRAL COMUNITARIA, AC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME AND ADDRESS OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DEL

ECUADOR

AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA, EDIFICIO AMAZONAS

QUITO, ECUADOR

NAME OF RELATED ORGANIZATION:

FINCA HAITI

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FUNDACION INTERNATIONAL PARA LA ASISTENCIA COMUNITARIA DE

NICARAGUA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE

GUATEMALA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

#### NAME OF RELATED ORGANIZATION:

FINCA AFGHANISTAN

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA UNIVERSAL CREDIT ORGANIZATION CJSC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA AZERBAIJAN LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA D.R. CONGO SARL

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

BANCO PARA LA ASISTENCIA COMUNITARIA FINCA S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

JSC MFO FINCA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCASERVICIOS - LATINOAMERICA SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANZAS, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA HAITI SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINANCIERA FINCA HONDURAS, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY)

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA KOSOVE S.H.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICRO-CREDIT COMPANY CJSC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA LIMITED (MALAWI)

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

#### NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE COOPERATIEF U.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA NETWORK SUPPORT BV

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINANCIERA FINCA NICARAGUA, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

#### NAME OF RELATED ORGANIZATION:

FINCA UGANDA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA ZAMBIA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA ZAMBIA HOLDING LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCASERVICES USA, LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE GLOBAL SERVICES, LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

ASESORA DE MICROFINANZAS ASEMICROFIN SA

DIRECT CONTROLLING ENTITY: FUNDACION INTERNACIONAL PARA LA ASISTENCIA

COMUNITARIA DE ECUADOR